



THE WALNUT

JUNE 2020

Newsletter of the Prostate Cancer Support Group—ACT Region

Affiliated with the Prostate Cancer Foundation of Australia (PCFA)

Postal address: PO Box 650, Mawson ACT 2607

<https://prostate-cancer-support-act.net>



L to R: Peter Baker, John McWilliam and David Hennessy (PCSG), Helen Falla (Canberra Hospital Foundation), Sarah Mogford (Director, Radiation Therapy), and Clair Stevens and Alex Gooley (Radiation Therapists)

President's Message

On 22 May we were pleased to present a cheque of \$22,350 towards the cost of three bladder scanners for use in the Radiation Therapy Department. The availability of these three scanners will greatly assist the hospital in providing improved care to many prostate cancer patients as well as to other patients.

We are extremely grateful to our many donors whose generosity has enabled us to make this donation. In particular, we would like to thank Harness Racing ACT and TAB Corporation for their substantial donations.

We are really pleased that we have been able to assist the hospital in this way.



One of two new linear accelerators in the Radiation Department at The Canberra Hospital



The three new bladder scanners

Consistency in target organ and organ-at-risk position from planning to treatment is an important basic principle of radiotherapy. For men receiving radiotherapy, a consistent bladder volume between planning and treatment is vital. The bladder scanners are an important tool in this process.

All of the money that the Group receives aims to assist men who have been diagnosed with prostate cancer and their families. We only have very small administrative expenses, mainly for the hire of a room for our meetings and the printing and distribution of information for prostate cancer patients and the community. We rely on volunteers for the administration of the group and for personal support to men with prostate cancer and their families.

During this difficult time with COVID-19, we are still unable to convene our normal Support Group meetings and coffee mornings. A number of members have joined us for 'virtual' coffee mornings. These have been very enjoyable and have afforded those who have participated an opportunity to maintain contact with each other.

Our committee has also met each month by videoconference.

As restrictions are further eased, we are hopeful that we will be in a position to resume Group meetings in August. We may also be able to resume our coffee mornings in July. We will be sending out a short survey to help guide our plans and will keep you informed about these plans (both by email and on our website), as they become clearer.

In the meantime, please be assured that we are still available to provide personal support, if needed (see contact details on page 6).

Stay safe.

John McWilliam

Appreciation

The Group recognises and expresses its appreciation for the support provided over the past year by: Harness Racing ACT; TAB Corporation; Holy Family School Gowrie; Paddywack Promotional Products; the Residents' Social Clubs at Isabella Gardens, Isabella Plains and The Grove, Ngunnawal; the ACT Masters Hockey Association; the PCFA; SHOUT staff; and the many individuals who have assisted in our fund-raising activities.

June Executive Committee Meeting

The Committee met using Lifesize videoconferencing on 4 June 2020. Among other things, we:

- discussed arrangements for coming coffee mornings and meetings;
- agreed that the committee should meet in person at Pearce at its next meeting on 1 July;
- agreed to survey those members who have attended meetings over the past year on when in-person Group meetings should resume;
- agreed that, subject to the outcome of the survey and easing of Government restrictions on gatherings, we may be able to resume:
 - in-person coffee mornings in July or August; and
 - Group meetings in August with a presentation by a urologist (we may be unable to meet at Pearce because, with current social distancing restrictions, the Pearce location can only accommodate 15 people);
- agreed that we should also plan to have a presentation from Dr Kellie Toohey, University of Canberra exercise physiologist, in September (which will also be the date of our annual general meeting) and a presentation from Men's Health Downunder in October;
- agreed that we could have a general discussion and our normal end-of-year celebration in November;
- noted that there have been no responses to date from members for assistance in producing the Group's monthly newsletter (volunteers are still sought);
- noted that we will be seeking volunteers for members to join the executive committee from September;
- noted the presentation of the cheque to The Canberra Hospital on 22 May and that the hospital is most appreciative of the Group's support and the difference the new scanners will make to the treatment provided to patients;
- noted that an announcement was expected in the near future on applications for additional prostate cancer support nurses (an application has been submitted for an additional nurse for the ACT Region, which extends to the south coast of NSW); and
- noted that the PCFA National Conference is to be held in Dubbo from 30 April to 2 May 2021. This event will celebrate the 25th birthdays of both the PCFA and the Dubbo Support Group.



Stay up-to-date by joining the PCFA Online Community

The PCFA Online Community is open to anyone who has been impacted by prostate cancer to share their experiences and connect with others. Through the Research Blog, PCFA Online Community members can also learn more about the latest prostate cancer research developments and findings.

The Online Community Research Blog has recent articles on:

- *Advancing precision medicine for metastatic prostate cancer — US FDA approves new PARP inhibitors.* In one giant leap for advanced prostate cancer, the US Food and Drug Administration (FDA) has approved two new PARP inhibitors for the treatment of metastatic castrate resistant prostate cancers which have specific genetic mutations. [Read more.](#)
- *Could androgen deprivation therapy guard against severe COVID-19 and related infections?* Findings from an Italian study suggest androgen deprivation therapy (hormone therapy) for prostate cancer may offer some protection from coronavirus (COVID-19) by decreasing levels of an enzyme that can escalate severe infections. [Read more.](#)

It is free and easy to become a member of the PCFA Online Community. There is also an updated Community web page.

You can sign up at:

<http://onlinecommunity.pcfa.org.au>.



Advance Care Planning

Cancer Council ACT is holding an online education session on Advance Care Planning on Wednesday 17 June from 10:30am-11:30am.

In conjunction with ACT Health's Advance Care Planning team, the session will cover what advance care planning is, why it is important, the benefits and what is involved.

It will be conducted via online video conference so you can join via your computer, tablet or smart phone.

There is also an option to phone into the session if you aren't able to access the internet.

You will require computer speakers to be able to listen to the presentation.

The session is open to anyone affected by cancer, their families and friends.

Registration is essential so that you receive details on how to access the session.

For more information and to register please visit <https://actcancer.org/information-and-support/education-programs/advance-care-planning-online-education-session/>

Borrowing items from the library

You can borrow items from the Group's library. There is a wide range of materials, from books to videos. Those who are interested in borrowing items from the library or finding out more about our collection can contact U.N. Bhati, email:

librarian@prostate-cancer-support-act.net

Please also let U.N. know if there are publications we can usefully add to the Library.

Articles and reports of interest

The following articles which have appeared recently on web sites or other sources may be of interest to members. Any opinions or conclusions expressed are those of the authors. See Disclaimer below.

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Immune system key to reducing the growth of prostate cancer spread to bone

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Up to 90% of men with treatment-resistant prostate cancer develop metastases in their bones, from which most of these men will die.

While some treatments enhance quality of life and delay the onset of skeletal symptoms in men with bone metastases, they have failed to increase survival.

A new approach to prostate cancer treatment increases the visibility of prostate cancer cells that have spread to bone for better recognition and killing by the immune system.

The research, led by scientists at Peter Mac, in collaboration with the Garvan Institute of Medical Research, LaTrobe University and the University of Melbourne, found that reprogramming cancer cells to re-express a protein that made them visible to immune cells could block the growth of cancers in bone and establish immune memory should the cancer ever return.

Future research will assess whether this approach could increase the effectiveness of immunotherapy for the treatment of aggressive prostate cancers.

[Read the original article in EMBOpress, 21 April 2020.](#)

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Long-term outcomes of active surveillance for prostate cancer

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Although active surveillance is a recommended treatment option for grade 1 prostate cancer, understanding the risks of needing further treatment or developing metastatic disease is critical for patient counselling. In this retrospective evaluation of a large active surveillance cohort, the authors reported that the treatment-free survival at 5, 10, and 15 years was 76%, 64%, and 58%, respectively. The risk of distant metastatic disease was 0.2% at 10 years.

Of the 5 patients with metastases, in retrospect, only 2 were likely curable at diagnosis. Although the median follow-up was only 4.3 years, 220 men have more than 10 years of follow-up. It is implausible that

radical treatment for all would improve on this metastasis rate.

Patients with grade group 1 prostate cancer should be informed about the low risk of developing metastatic disease, even at 10 to

15 years. Naturally, patients need to be aware that safe surveillance requires routine clinical monitoring.

[Read the original article in the Journal of Urology.](#)

Personal support

For general information, please call SHOUT (Self Help Organisations United Together) during normal office hours on (02) 6290 1984, and their staff will arrange for someone to contact you.

If you would like immediate advice, support or assistance, please contact one of the following two people:

President: John McWilliam

Phone: 0416 008 299

Email: president@prostate-cancer-support-act.net

Secretary: David Hennessy

Phone: (02) 6154 4274

Email: secretary@prostate-cancer-support-act.net

From the editor

If you are aware of news, products, publications, web sites, services or events that may be of interest to members of the group, we would like to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy direct, or if you would like to add any of your friends or carers to our distribution list, or if you no longer wish to receive copies of the newsletter, please send an email to:

president@prostate-cancer-support-act.net.

Disclaimer

From time to time in our newsletters we provide information about developments in the diagnosis and treatment of prostate cancer, research articles, documents, audiovisual products, presentations and other interesting materials. However, the Group does not have the medical expertise required to make an informed evaluation of the conclusions and recommendations presented in such materials, and we have not verified such conclusions and recommendations through appropriately qualified medical professionals. The information presented in this newsletter must not be interpreted as being endorsed or recommended by the Group. Any recommendations made in such materials may not be applicable in your case. Before implementing any recommendations made in the materials that are reported, it is essential that you obtain advice from appropriately qualified medical professionals. The view of the Group is that no two prostate cancer cases are alike and that no single treatment option is better than any other in all cases. While the information in this newsletter should be of interest, there is no substitute for getting informed medical advice from your own GP, specialists and other medical professionals.